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| SCC eFile | 2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 212542521 | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: PHYSICIANS MUTUAL INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: F0192957</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | |
| CLASS | AUTHORIZED | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2600 DODGE ST</p> <p style="text-align: center;">CITY/ST/ZIP: OMAHA, NE 68131</p> | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: R A REED TITLE: PRESIDENT ADDRESS: 2600 DODGE CITY/ST/ZIP/CO: OMAHA, NE 68131 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: R A REED TITLE: PRESIDENT ADDRESS: 2600 DODGE CITY/ST/ZIP/CO: OMAHA, NE 68131 | <input checked="" type="checkbox"/> | OFFICER <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: BRICE A BALLARD TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | |
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| NAME: CONNIE J BELLOWS TITLE: VICE PRESIDENT ADDRESS: 2600 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68131 | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR | | | |

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|-----------------|---------------------|---|-----------------------------------|
| NAME: | MICHAEL V CARSTENS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | GRANT J CHRISTENSEN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | JOHN C CLARK | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | TIMOTHY J CONNOR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | MELISSA J CRAWFORD | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | HOWARD G DAUBERT | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | ROSE M EARLYWINE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | MIKE J EBELING | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | DAVID M HAHN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | GREGORY P HOPKINS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | STEVEN R HUGHES | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |

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|-----------------|----------------------|---|-----------------------------------|
| NAME: | EDWARD J KASPAR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | PHILLIP J KRESKI | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | MARK E LEHMAN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | SHERRY R MONICO | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | EDWARD J MULLEN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | MARK S NELSON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | SHANE D PARSHALL | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | MARK E PETERS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | MICHAEL W PETERSON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | JANE R PHILLIPS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | FREDERICK T RAHN, JR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |

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| NAME: | TIMOTHY R REED | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | SCOTT A RICHE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | STEVEN A SCANLAN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | MICHAEL J TAYLOR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | MICHAEL J WADE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | DEBRA L WALTON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | DAVID P WOODS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | ROBERT ALLEN REED JR | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | ROBERT L GUNIA | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | WILLIAM R HAMSA, M.D. | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN OF BD | | |
| ADDRESS: | 2600 DODGE ST | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |
| NAME: | DALE E BRETT, MD | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2600 DODGE STREET | | |
| CITY/ST/ZIP/CO: | OMAHA, NE 68131 | | |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JAMES T CANEDY, MD DIRECTOR 2600 DODGE STREET OMAHA, NE 68131 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MARTIN M MANCUSO, MD DIRECTOR 2600 DODGE STREET OMAHA, NE 68131 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN D WOODBURY, MD DIRECTOR 2600 DODGE STREET OMAHA, NE 68131 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | THERESE M MCDERMOTT VICE PRESIDENT 2600 DODGE ST OMAHA, NE 68131 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | TARA A WARREN VICE PRESIDENT 2600 DODGE ST OMAHA, NE 68131 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ ROBERT L GUNIA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | ROBERT L GUNIA, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE | 11/1/2012 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |